

| 104 | 10 | Department of the Treat U.S. Individu | | | | | 20 | 19 | OME | 3 No. 1545-00 | 174 IRS U | se On | lv–Do n | ot write or stap | la in thic | e enace |
|---|----------------|---|---------------------------------------|---------------|----------|---|-----------------|----------|----------------|---------------|-------------|------------|------------|---|-----------------|--------------|
| Filing Status Check only one box. | i | | rried filing joint , enter the nan | ly | M | arried filing sepa | | | Head of | household (H0 | OH) | Qual | lifying w | idow(er) (QW) | TO IT THE | орасс. |
| Your first nam | | middle initial | | Last na | me | | | | | | | | Your | social security | number | |
| LEO S | | | | ZAC | K) | [| | | | | | | Cara. | | 2 | |
| If joint return, | spous | e's first name and middle in | itial | Last na | me | | | | | | | | Spou | se's social sec | urity nu | mber |
| Home address | s (num | ber and street). If you have | a P.O box, se | e instruction | ns. | | | | | | Apt. no. | | Check | dential Election there if you, or y want \$3 to go to | our spou | se if filing |
| City, town or p | ost of | fice, state, and ZIP code. If | you have a fo | reign addre | ess, a | also complete spa | aces below (| see inst | tructions). | | | | Check | refund. You | will not c | |
| Foreign countr | y nan | ne | Foreign pro | ovince/state | /cour | nty | | | | Foreign pos | tal code | • | | If more than see instr. and | | |
| Standard Deduction | s | omeone can claim: Spouse itemizes on a s | You as a separate return | • | | | se as a depe | ndent | | | | | | T coo maa. and | 1 11019 | |
| Age/Blindnes | s Y | ou: Were born be | efore January 2 | , 1955 | | Are blind | Spous | e: [| Was bo | m before Janu | ary 2, 1955 | | ls i | blind | - | |
| Dependents | (se | e instructions): | | | | (2) Social securi | ity number | | (3) Relation | nship to you | } | (4) | ✓ if q | ualifies for (see ins | structions): | |
| (1) First name | | | Last name | | | | | | | | Chi | ld tax c | redit | Credit for c | ther depe | ndents |
| | | | | | _ | | | | | | | ++ | | | 44- | |
| | | | | | <u> </u> | *************************************** | | | | | | $\bot\bot$ | | | $\bot \bot$ | |
| | | | | | <u> </u> | *************************************** | | | | | | 44 | | | ₩ | |
| *************************************** | | | | | Ļ | | | L | | | | Щ | | | | |
| | 1 | Wages, salaries, tips, | | orm(s) VV | -2 . | | | | | | | | 1 | | | |
| | | Tax-exempt interes | | | | | - | | | tach Sch. | • | | 2b | | | |
| | | Qualified dividends | | | | 4 | b Ordina | ry divs. | Att. Sch. B if | req | | | 3b | | | 4 |
| | 4a | IRA distributions | | | | | i laxa | ibie a | mount | | | | 4b | | | |
| Standard | C | Pensions and annuitie | | | | | d laxa | ible a | mount | | | | 4d | | | |
| Deduction for + Single or Married | | Soc. sec. ben. | 5a | D.'' | | | յ ю ≀axa | ible a | mount | | | | 5b | | | 000 |
| filing separately, \$12,200 | 6 | Capital gain or (loss). Att | | | rea. | | | | | | | Ш | 6 | | | 000 |
| Married filing jointly or Qualifying | | Other income from | | | | | | | | | | : | 7a | | | 945 941 |
| widow(er), \$24,400 | b | | , 40, 40, 50 | , 6, and | /a. | Inis is your | total inc | ome | | | | | 7b | | <u>· + + , </u> | 941 |
| Head of household. | | | | | | | | | | 8a | | 11 | 941 | | | |
| \$18,350 | b | | | | | | | | | | | | 8b | | <u>.TT</u> | 941 |
| If you checked any box under Standard | <u>9</u> 10 | Standard deduction | | | | • | | , | | | 12,2 | 00 | | | | |
| Deduction, | | Qualified business incom | | | | | | | | | | | 116 | | 12 | 200 |
| see instructions. | ııd h | Add lines 9 and 10 Taxable income. Subtr | act line 11c fr | | If ~ | oro or local onto | , | | | | | • • • | 11a 11b | | 14, | 200 |
| For Disclose | | Privacy Act and P | | | | | | | | | | | ווט | | 104 | 10 (2010) |

| Form 1040 (2019) | LEO | S. ZACKY | | | | | | | | <i>3</i> -17-12 | Page | 2 |
|-------------------------------|----------------|--|--------------------------|-----------------|------------------------|-------------------|----------------------|-------------|-----------|-------------------------------|--|------|
| | 12a | Tax (see instr.) Check if | any from Form(s |):1 88 | 14 2 497 | 2 | | | | | | _ |
| | | 3 🗌 | | | | 12a | | 0 | | | | |
| | b | Add Schedule 2, line 3, a | nd line 12a and | enter the t | otal | | | | 12b | | | 0 |
| | 13a | Child tax credit or credit f | or other depende | ents | | 13a | | | | | | |
| | b | Add Schedule 3, line 7, a | nd line 13a and | enter the t | otal | | | ▶ | 13b | | | |
| | 14 | Subtract line 13b from line | e 12b. If zero or | less, enter | -0- | | | | 14 | | | 0 |
| | 15 | Other taxes, including sel | f-employment ta | x, from Sc | hedule 2, line | 10 | | | 15 | | | _ |
| | 16 | Add lines 14 and 15. This | | | | | | ▶ | 16 | | | 0 |
| | 17 | Federal income tax withhe | eld from Forms \ | N-2 and 1 | 099 | | | | 17 | | | |
| • If you have a | 18 | Other payments and refundat | | | • | | | | | | | |
| qualifying child | <u>a</u> | | | | | 18a | | | | | | |
| If you have | . b | Additional child tax credit | Attach Schedul | e 8812 | | 18b | | | | | | |
| nontaxable | С | American opportunity cred | dit from Form 88 | 63, line 8 | | 18c | | | | | | |
| combat pay, se instructions. | d | | | | | 18d | | |] | | | |
| | е | Add lines 18a through 18 | d. These are you | ır total otl | ner payments | and refun | dable credit | s 🕨 | 18e | | | |
| | 19 | Add lines 17 and 18e. These | are your total pay | ments | | | | ▶ | 19 | | | |
| Refund | 20 | If line 19 is more than line | 16, subtract line | e 16 from l | ine 19. This is | the amour | nt you overpa | id | 20 | | | |
| | 21a | Amount of line 20 you wa | nt refunded to | you. If For | m 8888 is atta | ched, chec | k here | | 21a | - | | _ |
| Direct deposit? | ▶b | Routing number | | ▶ c | Type: | Checking | Saving | ıs | | | 37 177 | _ |
| See instructions. | ▶d | Account number | | | 7" " | | | , | | | | |
| | 22 | Amount of line 20 you want a | oplied to your 20 | 20 estimate | ed tax ► | 22 | | | | | | |
| Amount | 23 | Amount you owe. Subtra | | | | w to pay, s | see instruction | ns 🕨 | 23 | | | 0 |
| You Owe | 24 | Estimated tax penalty (se | e instructions), | | > | 24 | | | | | | |
| Third Part | y Do | you want to allow another pe | erson (other than y | our paid pr | eparer) to discus | ss this returr | with the IRS? | See in | structic | Yes. | Complete below | v. |
| Designee | | | | | | | | | | No | | |
| (Other than | Des | signee's | | | | Ph | one | | _ | Personal | identification numb | er |
| paid preparer) | nar | me 🕨 | | | | no | > | | | (PIN) | | |
| Sign | Under penalti | es of perjury, I declare that I have examin | ed this return and accom | panying schedu | les and statements, ar | nd to the best of | my knowledge and I | elief, they | are true, | | | |
| Here | correct, and o | complete. Declaration of preparer (other the | an taxpayer) is based or | all information | of which preparer has | any knowledge. | | | | | | |
| Joint return? | Your signat | ure | | Date | Your occupatio | n | | | 1 | If the IRS se Protection P | ent you an Identity IN, e <u>nter it here</u> | |
| See instructions. | | | | | BUSINES | SS | | | 1 | (see instr.) | | |
| Keep a copy for your records. | Spouse's si | gnature. If a joint return, both must | sign, | Date | Spouse's occu | pation | | | | If the IRS se | ent your spouse an ection PIN, enter it her | re |
| your records. | | | | | · | | | | | (see instr.) | | _ |
| | Phone no. | | Email address | | | | | | | | | |
| | Preparer's | name | F | Preparer's sign | nature | | | PTIN | | | Check if: | |
| Paid | ROBERT | J. MCCARTY, CPA | | ROBERT J | . MCCARTY, | CPA | | P00 | 0578 | 06 | X 3rd Party Desi | iane |
| Preparer | Firm's name | e ► LANDAU SWAR | rz & Mccaf | RTY LLI | ? | | Date | 07/1 | .3/2: | 1 | | JJ |
| Use Only | | 21300 VICTO | RY BLVD # | 420 | | | Phone no. | 318- | 705-4 | 300 | Self-employed | |
| 1 | Firm's addr | ess ▶ WOODLAND HI | LLS | CA | 91367-2 | 532 | | F | irm's EIN | ▶ 95 | -4576465 | |
| Go to www.ir | s.gov/For | m1040 for instructions and | the latest infor | mation. | | | | | | | Form 1040 (20 | 119) |

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Attachment Sequence No. 0

Department of the Treasury Internal Revenue Service ► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

| _LEO | S. ZACKY | | |
|------------|---|---------|----------|
| At any tir | ne during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any | | |
| virtual cu | rrency? | <u></u> | X Yes No |
| Part I | Additional Income | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -8,945 |
| 6 | Farm income or (loss). Attach Schedule F | | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ | | |
| | | 101 | |
| 99 | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a | 9 | -8,945 |
| Part I | Adjustments to Income | | |
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach | | |
| | Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | | |
| b | Recipient's SSN | | |
| С | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 1 1 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees. Attach Form 8917 | 1 24 1 | |
| 22 | Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or | | |
| | 1040-SR, line 8a | 22 | |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE A (Form 1040 or 1040-SR)

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

OMB No. 1545-0074

07

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16 sequence No.

| , , | orm 1040 or 1040-SR | Your social security number |
|------------------------------------|--|-----------------------------|
| | ACKY | |
| Medical | Caution: Do not include expenses reimbursed or paid by others. | |
| and | 1 Medical and dental expenses (see instructions) | 1 |
| Dental | 2 Enter amount from Form 1040 or | |
| Expenses | 1040-SR, line 8b 2 -11,941 | |
| • | 3 Multiply line 2 by 7.5% (0.075) | 3 |
| | 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0 | 4 |
| Taxes You | 5 State and local taxes. | |
| Paid | a State and local income taxes or general sales taxes. You may | |
| i did | include either income taxes or general sales taxes on line 5a, | |
| | but not both. If you elect to include general sales taxes instead | |
| | · · · · · · · · · · · · · · · · · · · | 5a 7,124 |
| | of income taxes, check this box | |
| | b State and local real estate taxes (see instructions) | 5b |
| | c State and local personal property taxes | 5c 7 104 |
| | d Add lines 5a through 5c | 5d 7,124 |
| | e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing | - 104 |
| | separately) | 5e 7,124 |
| | 6 Other taxes. List type and amount ▶ | |
| | | 6 |
| | 7 Add lines 5e and 6 | 7,124 |
| Interest You | 8 Home mortgage interest and points. If you didn't use all of your | |
| Paid | home mortgage loan(s) to buy, build, or improve your home, | |
| Caution: Your | see instructions and check this box ▶ □ | |
| mortgage interest deduction may be | a Home mortgage interest and points reported to you on Form 1098 | |
| limited (see | See instructions if limited | 8a |
| instructions). | b Home mortgage interest not reported to you on Form 1098. See | |
| | instructions if limited. If paid to the person from whom you bought the | |
| | home, see instructions and show that person's name, identifying no., | |
| | and address | |
| | | |
| | > | |
| | | 8b |
| | c Points not reported to you on Form 1098. See instructions for | |
| | special rules | 8c |
| | d Mortgage insurance premiums (see instructions) | 8d |
| | e Add lines 8a through 8d | 8e |
| | 9 Investment interest. Attach Form 4952 if required. See | |
| | instructions | 9 |
| | 10 Add lines 8e and 9 | 10 |
| Gifts to | 11 Gifts by cash or check. If you made any gift of \$250 or more, | |
| Charity | see instructions | 11 |
| | 12 Other than by cash or check. If you made any gift of \$250 or more | |
| Caution: If you made a gift and | see instructions. You must attach Form 8283 if over \$500 | 12 |
| got a benefit for it, | 13 Carryover from prior year | 13 |
| see instructions. | 14 Add lines 11 through 13 | |
| Casualty and | 15 Casualty and theft loss(es) from a federally declared disaster (other | |
| Theft Losses | disaster losses). Attach Form 4684 and enter the amount from line | · |
| | instructions | |
| Other | 4C Other from that is instructioned that there and second | |
| Itemized | | |
| Deductions | | |
| | 47. Add the executate in the few right column for the set that 4 there is 40. At | 16 |
| Total | 17 Add the amounts in the far right column for lines 4 through 16. Also | · · |
| Itemized | Form 1040 or 1040-SR, line 9 | |
| Deductions | 18 If you elect to itemize deductions even though they are less than y | |
| | deduction, check this box | > [] |

SCHEDULE B (Form 1040 or 1040-SR)

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment No. 08

Department of the Treasury Attach to Form 1040 or 1040-SR Your social security number Name(s) shown on return ZACKY LEO S. Part I List name of payer. If any interest is from a seller-financed mortgage and the Amount buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address (See instructions and the instructions for Form 1040 and 1040-SR, line 2b.) 1 Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest 2 Add the amounts on line 1 shown on that Excludable interest on series EE and I U.S. savings bonds issued after 1989. Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR. line 2b 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer ▶ WALT DISNEY COMPANY 4 **Ordinary Dividends** (See instructions and the instructions for Form 1040 and 5 1040-SR, line 3b.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b on that form. 6 Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Foreign 7a At any time during 2019, did you have a financial interest in or signature authority over a financial **Accounts** account (such as a bank account, securities account, or brokerage account) located in a foreign and Trusts country? See instructions X If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Caution: If Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 required, failure to file FinCEN and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the

foreign trust? If "Yes," you may have to file Form 3520. See instructions

During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a

financial account is located >

Form 114 may

penalties. See

result in

substantial

SCHEDULE D (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1040, 1040-SR, or 1040-NR.

 $\blacktriangleright \ \, \textbf{Go to} \ \ \, \textit{www.irs.gov/ScheduleD} \ \, \textbf{for instructions and the latest information}.$

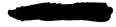
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2019
Attachment Sequence No. 12

| Name(s) show | I security number | | | | |
|-----------------|---|----------------------------|--------------------------|--|--|
| | S. ZACKY spose of any investment(s) in a qualified | opportunity fund during th | ne tax year Yes X | No | |
| • | tach Form 8949 and see its instructions f | | · —— | , | |
| Part I | | | : | | (see instructions) |
| See instruction | s for how to figure the amounts to enter on the | | | (g) | (h) Gain or (loss) |
| lines below. | | (d) | (e) | Adjustments | Subtract column (e) |
| This form may | be easier to complete if you round off cents to | Proceeds (sales price) | Cost (or other basis) | to gain or loss from Form(s) 8949, Part I, | from column (d) and combine the result |
| whole dollars. | | (calco price) | . (6, 54,6, 54,6,) | line 2, column (g) | with column (g) |
| 1a Totals for | all short-term transactions reported on Form | | | | |
| 1099-B fo | or which basis was reported to the IRS and for | | | | |
| which yo | u have no adjustments (see instructions). | | | | |
| - | if you choose to report all these transactions | | | | |
| | 8949, leave this line blank and go to line 1b · · · · · | | | | |
| | or all transactions reported on Form(s) 8949 with | h | | | |
| | checked | | | | |
| | or all transactions reported on Form(s) 8949 with | h | | | |
| | checked | | | | |
| | or all transactions reported on Form(s) 8949 wit | h | | | |
| | checked | | | | |
| | t-term gain from Form 6252 and short-ter | rm gain or (loss) from Fo | rms 4684, 6781, and 882 | 4 | 4 |
| | short-term gain or (loss) from partnership | | | | |
| | dule(s) K-1 | | | | 5 |
| | t-term capital loss carryover. Enter the ar | | | | |
| | 4 | • | | 1. | 6 (|
| | short-term capital gain or (loss). Comb | | | | |
| | capital gains or losses, go to Part II belo | | | | 7 0 |
| Part II | ** | | , | | 'ear (see instructions) |
| See instruction | ns for how to figure the amounts to enter on the | | | (g) | (h) Gain or (loss) |
| lines below. | | (d) | (e) | Adjustments | Subtract column (e) |
| This form may | be easier to complete if you round off cents to | Proceeds (sales price) | Cost (or other basis) | to gain or loss from Form(s) 8949, Part II, | from column (d) and combine the result |
| whole dollars. | | | · · | line 2, column (g) | with column (g) |
| 8a Totals fo | r all long-term transactions reported on Form | | | | |
| 1099-B f | or which basis was reported to the IRS and for | | | | |
| which yo | u have no adjustments (see instructions). | | | | |
| However | , if you choose to report all these transactions | | | | |
| on Form | 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals f | or all transactions reported on Form(s) 8949 with | h | | | |
| Box D | checked | · | | | |
| 9 Totals f | or all transactions reported on Form(s) 8949 with | h | | | |
| | checked | | | | |
| 10 Totals f | or all transactions reported on Form(s) 8949 wit | h | | | |
| Box F | checked | 0 | 292,343 | | 0 -292,343 |
| | rom Form 4797, Part I; long-term gain fro | om Forms 2439 and 6252 | | | |
| from F | orms 4684, 6781, and 8824 | | | | 11 |
| | ng-term gain or (loss) from partnerships, | | | | 12 |
| | I gain distributions. See the instructions | | • | | 13 |
| | erm capital loss carryover. Enter the amo | | of your Capital Loss Car | | |
| • | heat in the instructions | • | | | 14 (|
| | ng-term capital gain or (loss). Combine | | | · · · · · · · · · · · · · · · · · · · | |
| | ck | • | ` ' | | 15 -292,343 |

Schedule D (Form 1040 or 1040-SR) 2019



Page 2

| _P: | art III Summary | | |
|-----|---|---------------|-------------|
| 16 | Combine lines 7 and 15 and enter the result | . 16 | -292,343 |
| | If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line | | 4. . |
| 17 | 6; or Form 1040-NR, line 14. Then go to line 22. Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. | | |
| 18 | If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet | ▶ 18 | |
| 19 | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet | . ▶ 19 | |
| 20 | Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. | | |
| | No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. | | |
| 21 | If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: | | |
| | The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) | . 21 (| 3,000 |
| | Note: When figuring which amount is smaller, treat both amounts as positive numbers. | | |
| 22 | Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? | | |
| | Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). | | |
| | No. Complete the rest of Form 1040, 1040-SR, or 1040-NR. | | Mac. |

Schedule D (Form 1040 or 1040-SR) 2019

Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

ZACKY

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see

instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported

to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or

| a separate i onii osto, | page 2, ioi ca | on applicable b | ox. If you have more | long-term transactions | s triair will lit or | i tillo pago loi ofic c | , , |
|-----------------------------|-------------------|---------------------|----------------------|--|-------------------------------|--|------------------------------------|
| nore of the boxes, com | plete as many | forms with the | same box checked a | s you need. | | | |
| , | • | | • • | pasis was reported to pasis wasn't reported | • | lote above) | |
| X (F) Long-term tr | ansactions not | reported to yo | ou on Form 1099-B | | | | |
| (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | (e) Cost or other basis. See the Note below | If you enter an enter a co | any, to gain or loss. amount in column (g), ode in column (f). parate instructions. | (h) Gain or (l Subtract colu |
| (Example: 100 sh. XYZ Co.) | | disposed of | (sales price) | and see Column (e) | (f) | (g) | from column |

| (a) Description of property | (b) Date acquired | (c) Date sold or | (d) Proceeds | Cost or other basis. See the Note below | | arate instructions. | Gain or (loss). Subtract column (e) |
|--|--|--|-------------------------------------|--|-------------------------------------|--|--|
| (Example: 100 sh. XYZ Co.) | | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see <i>Column (e)</i> in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| AMERICAN HUNTS | MAN LLC VARIOUS | INTEREST 12/31/19 | (| 292,343 | - | | -292,343 |
| | VARCEOUS | 12/31/15 | | . 292,343 | | | 232,343 |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | ************************************** | |
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| | | | · | - | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Totals. Add the amounts negative amounts). Enter Schedule D, line 8b (if B | each total here and ox D above is chec | include on your ked), line 9 (if Box E | | 000 515 | | | |
| above is checked), or lin | | | | 292,343 | | | 0 -292,343 |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

| LEO | S. | ZACK | Υ |
|-----|----|------|---|
| | | | |

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Income or Loss From Partnerships and S Corporations — Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

| | Are you reporting any loss not allowed i passive activity (if that loss was not rep | orted on Form 8582), or | unreir | mbur | sed partn | ership | expe | enses? If you answe | | | | |
|----------|---|--|------------|--------------|--|--------------------------|----------------|--|--|-------------|--------------|--------------|
| | see instructions before completing this | section | | | | | | | . ∐ ነ | res X | No | |
| 28 | | Name | | (b) parti | Enter P for nership; S corporation | S foreign identification | | | (e) Check if basis computation is required (f) Check if any amount i not at risk | | | ount is |
| Α | AMERICAN HUNTSMAN, LI | I.C. | ED | 1 | P | Partito | T | 20-8613907 | 10.1 | X | not a | . Hok |
| В | RENTAL REAL ESTA | | ED | | P | | + | 20-8613907 | | X | | + |
| c C | | | | T | | | + | 20 002000 | | | | _ |
| D D | | | | | | | +- | | | \vdash | | |
| | Passive Income and | l oss | I | I | | LL_ | No | npassive Income a | and Lo | | L | |
| | (g) Passive loss allowed | (h) Passive income | | (i) Non | passive loss | allowed | $\neg \neg$ | (i) Section 179 expe | | T | onpassive in | |
| | (attach Form 8582 if required) | from Schedule K-1 | ' | | e Schedule | | | deduction from Form | | | n Schedule | |
| Α | | | _ | | | | 0 | | | | | |
| В | | | \top | | | 8,94 | 15 | | *************************************** | <u> </u> | | |
| C | | | \top | | | | | | | 1 | | |
| D | | | | | | | | ····· | | | | |
| 29a | Totals | | | | | | | | | | | |
| b | | | | | | 8,94 | 15 | | | | | |
| 30 | Add columns (h) and (k) of line 29a | | | | | | | | 30 | , | | 0 |
| 31 | Add columns (g), (i), and (j) of line 29 | | | | | | | | 31 | | 8 | ,945) |
| 32 | Total partnership and S corporatio | | | | | | | | 32 | | | , 945 |
| P | art III Income or Loss Fron | | | | | | | | | | | |
| 22 | | | | | | | | | | (b) | Employer | |
| 33 | | (a) Name | | | | | | | | identifica | ation number | er |
| A | | | | | | | | | | | | |
| В | | | | | | | | | | | | |
| | Passive Incom | e and Loss | | | | | | Nonpassive Inc | ome a | nd Loss | | |
| | (c) Passive deduction or loss allowed | (d) Passive inco | me | | | (| (e) De | duction or loss | | (f) Othe | r income fro | m |
| | (attach Form 8582 if required) | from Schedule | K-1 | | | | from \$ | Schedule K-1 | | Sch | edule K-1 | |
| <u>A</u> | | | | | | | | | | | | |
| В | | | | | | | | | | | | |
| 34a | Totals | | | - | | | | | | | | |
| b | | | | | | | | | | | | |
| 35 | Add columns (d) and (f) of line 34a | | | | | | | | . 35 | 5 | | |
| 36 | Add columns (c) and (e) of line 34b | | | | | | | | . 36 | | |) |
| 37 | Total estate and trust income or (loss). | | <u> </u> | ···· | | | · · · · · · | | _ 37 | | | |
| | art IV Income or Loss Fron | | | | vestme inclusion fr | | ond | uits (REMICs)— | <u>-Resi</u> | dual Ho | older | |
| 38 | (a) Name | (b) Employer identification number | ` So | chedul | es Q, line 2 | | | Taxable income (net loss) om Schedules Q , line 1b |) | | come from | Rh. |
| | | | | (see ii | nstructions) | | | | | | | |
| 20 | Combine columns (d) and (s) columns | -1 | ! l l - | - 1- 0 | 1-1-1 - | | 44 1 | -1 | - | | | |
| 39 D | Combine columns (d) and (e) only. Eleart V Summary | nter the result here and | inciuae | e in ti | ne total o | n line | 41 be | elow | . 39 | , , | | |
| | Net farm rental income or (loss) from | Form 4925 Alan same | oloto lir | 20.40 | holow | | | | 1 40 | . 1 | | |
| 40 | | | | | • | | | | 40 | | 0 | OAE |
| 41 42 | Total income or (loss). Combine lines 26, 32, 37, Reconciliation of farming and fishi | | | | e i (Form 10 | 040 or 10 | 4U-SK) | , line 5, or Form 1040-NR, | mne [1841] | 1 | | <u>,945</u> |
| 42 | farming and fishing income reported | • | | | ı | | | | | | | |
| | (Form 1065), box 14, code B; Schedu | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | AC; and Schedule K-1 (Form 1041), | , | | | | 42 | 2 | | | | | |
| 43 | Reconciliation for real estate profession | | | | nal | - " | - 1 | | | | | |
| - | (see instructions), enter the net income or (| loss) you reported anywhere | on Fo | rm | | | | | | | | |
| | 1040, Form 1040-SR, or Form 1040-NR fro you materially participated under the passiv | m all rental real estate active activity | itíes in v | which | | 43 | 3 | | | | | |

| 2125 | Zacky, | Leo S. | | Federal | Sta | tements | 3 | | | |
|-------|--------|---------|-------|------------|-------------|-----------------------|-----------|------------------------|---|---------------------------|
| | | | | Form 1040, | Divid | lend Incon | <u>ne</u> | | | |
| | | | Payer | | | Ordinary Dividends | | Qualified Dividends | | Section 199A Dividends |
| ALT I | DISNEY | COMPANY | | | \$_ | | | \$ | 4 | \$ |
| T | COTAL | | | | \$ | | 4 | \$ | 4 | \$ |
| | | | | | | | | | | |
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62125 Zacky, Leo S.

Federal Statements

Schedule A, Line 5a - State and Local Income Taxes

| | Description | ^ | mount |
|--------------------|-------------|-----|-------|
| STATE TAX PAYMENTS | | \$ | 7,124 |
| TOTAL | | ,\$ | 7,124 |

Federal Statements

NOL Worksheet 1, Line 6 - Nonbusiness Deductions

| Description | | Amount | | | |
|-------------|-----------|--------|-------|----|--------|
| STANDARD | DEDUCTION | | | \$ | 12,200 |
| | | | TOTAL | \$ | 12,200 |

NOL Worksheet 1, Line 7 - Nonbusiness Income

| Description | | Amount | |
|-------------|--------|--------|---|
| DIVIDEND | INCOME | \$ | 4 |
| TOTA | AL | \$ | 4 |

NOL Worksheet 5, Line 7 - AMT Nonbusiness Income

| Description | | Amo | Amount | |
|-------------|-------|-----|--------|--|
| DIVIDEND I | NCOME | \$ | 4 | |
| TOTAL | | \$ | 4 | |